

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 87 / 88

| | | | |
|------------------------------|------------------------------|------------------------------|--|
| <input type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input checked="" type="checkbox"/> 21 |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Texans for Lamar Smith

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Christopher Shays for Congress | Transaction ID: B-E-5420 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 8 |
| | Mailing Address 98 East Avenue Rear Building | |
| | City Norwalk State CT Zip Code 06851-5029 | Amount of Each Disbursement this Period 2000.00 |
| | Purpose of Disbursement Contribution Candidate Name Christopher Shays Category/Type 011 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 04 | |
| B. | Full Name (Last, First, Middle Initial) Musgrave for Congress | Transaction ID: B-E-5419 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 8 |
| | Mailing Address 118 W Charlotte Street | |
| | City Johnstown State CO Zip Code 80534-7806 | Amount of Each Disbursement this Period 2000.00 |
| | Purpose of Disbursement Contribution Candidate Name Marilyn N. Musgrave Category/Type 011 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CO District: 04 | |
| C. | Full Name (Last, First, Middle Initial) Steve Chabot for Congress | Transaction ID: B-E-5422 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 8 |
| | Mailing Address 3339 Harrison Avenue | |
| | City Cincinnati State OH Zip Code 45211-5500 | Amount of Each Disbursement this Period 2000.00 |
| | Purpose of Disbursement Contribution Candidate Name Steve Chabot Category/Type 011 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 01 | |

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)